

# CLAIMS ONLY

Application Number

101089948

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18						
19						
20	1					
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46						
47						
48						
49						
50						
Total						
Indep	2					
Total						
Depend	24					
Total						
Claims	26					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total						
Indep						
Total						
Depend						
Total						
Claims						